

July 25, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0875-01
IRO Certificate No.: 5055

COPIES TO:

Texas Workers' Compensation Commission
Attention: Rosalinda Lopez
Medical Dispute Resolution
Fax: (512) 804-4868

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedics.

THE PHYSICIAN REVIEWER OF THIS CASE DISAGREES WITH THE DETERMINATION OF THE INSURANCE CARRIER. THE REVIEWER DETERMINED THAT FACET RHIZSTOMIES ARE MEDICALLY NECESSARY IN THIS CASE.

____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission with the reviewer's name redacted. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 25, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning MDR #M2-02-0875-01, in the area of Orthopedic Surgery. The following documents were presented and reviewed:

A. **MEDICAL INFORMATION REVIEWED:**

1. Request for review of denial of facet rhizotomy.
2. Correspondence.
3. History and physical and other office notes, 2002.
4. History and physical and other office notes, 2001.
5. History and physical and other office notes, 2000.
6. History and physical and other office notes, 1999.
7. Operative report.
8. Radiology reports.

B. BRIEF CLINICAL HISTORY:

This is the case of a 52-year-old female police officer who sustained an injury to her lower back while she was on-duty or working on _____. She has had persistent low back pain since this injury occurred, with occasional radicular pain in both legs. Her MRI has demonstrated L4-L5 degenerative disk disease with mild spinal stenosis and a significant amount of facet arthritis involving the lower three facet joints on both sides.

Over the years, she has been treated conservatively by her Orthopedic surgeon, _____. He has been attempting to avoid surgical treatment on her back, and thus far she has not had any type of surgery. He referred the patient to _____ for pain management and some epidural steroid injections. She also received facet injections during the years of 2001 and 2002. The lumbar facet injections at the lower three facet joints bilaterally have given her a significant amount of relief of pain. Since these injections have helped, a request for facet rhizotomy was made to give her a more lasting relief of symptoms. This procedure has been denied by the insurance carrier, and the denial is now being disputed.

C. DISPUTED SERVICES:

Facet rhizotomy has been denied and this is being disputed.

D. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

In my opinion, the records support the fact that the lady did get relief from the facet injections. Since she has received a significant amount of relief from the facet injections, I would agree with _____ and _____ in regard to the advisability of doing facet rhizotomies which should give her a much longer period of relief of pain. This is certainly more advantageous than doing a three-level spinal fusion on this lady.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete

and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 20 July 2002